



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

21-D09434

**FILED**

In the office of the Secretary of State  
of the State of California

JUN 21, 2021

**This Space For Office Use Only**

**IMPORTANT** — [Read instructions](#) before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

2ND TRY LLC

**2. 12-Digit Secretary of State File Number**  
201813110042

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
CALIFORNIA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039
b. Mailing Address of LLC, if different than item 4a 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b Edward	Middle Name	Last Name Fulmer	Suffix nedfu
b. Entity Name - Do not complete Item 5a			
c. Address 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation) Phil	Middle Name	Last Name Daniels	Suffix nedfu
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
Media Company

**8. Chief Executive Officer, if elected or appointed**

a. First Name Edward	Middle Name	Last Name Fulmer	Suffix nedfu
b. Address 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039

**9. The Information contained herein, including any attachments, is true and correct.**

06/21/2021

Edward Fulmer

Partner, 2nd Try, LLC

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



**Attachment to  
Statement of Information  
(Limited Liability Company)**

**LLC-12A  
Attachment**

21-D09434

**A. Limited Liability Company Name**

2ND TRY LLC

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**B. 12-Digit Secretary of State File Number**

201813110042

**C. State or Place of Organization** (only if formed outside of California)

CALIFORNIA

**D. List of Additional Manager(s) or Member(s)** - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Keith	Middle Name	Last Name Habersberger	Suffix nedfulr
Entity Name			
Address 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039
First Name Eugene	Middle Name	Last Name Yang	Suffix nedfulr
Entity Name			
Address 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039
First Name Zach	Middle Name	Last Name Kornfeld	Suffix nedful
Entity Name			
Address 3740 Dover Place	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90039
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code